

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10008

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <b>310</b>		PRIMARY REG. DIST. NO. <b>3058</b>		Registrar's No. <b>31</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Charles</b> b. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Charles</b> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <b>710 Tompkins (rear)</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b> c. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Charles</b> d. STREET ADDRESS <b>710 Tompkins Street (rear)</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>W.</b> c. (Last) <b>Mueller</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 1 1950</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 6-1886</b>		9. AGE (In years last birthday) <b>63</b>		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Repair</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Charlie's Shoe Repair Shop</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Carl Mueller</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth House</b>		14. NAME OF DECEASED'S WIFE <b>Mary Elizabeth (Schuh)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NIL</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mary E. Mueller-St. Charles, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY OCCLUSION</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>ARTERIOSCLEROSIS</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>8 HRS</b> <b>3 yrs</b> <b>4201</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>3-1</b> 19 <b>49</b> , to <b>3-1</b> 19 <b>50</b> , that I last saw the deceased alive on <b>3-1</b> 19 <b>50</b> , and that death occurred at <b>8:45 P</b> m. from the causes and on the date stated above.							
23a. SIGNATURE <b>Alvin O. Lay M.D.</b>				23b. ADDRESS <b>ST. CHARLES MO</b>		23c. DATE SIGNED <b>3-2-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>March 4-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Charles, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>3/6/50</b>		REGISTRAR'S SIGNATURE <b>Harrie Mueller</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H.C. Dallmeyer &amp; Sons Co. 800 N. 2nd St. Charles, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0923  
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RECEIVED MAR 10 1950  
District Health Officer No. 9  
District File Number

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 4189

\_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

Joseph I. Landolt

Licensed Embalmer No. 4189

P. O. Address

St Charles Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.